Amendments to the Claims

This listing of claims will replace all prior versions, and listings, of claims in the application:

Listing of Claims

1. (Previously Presented) A method of fixing adjoining vertebrae of the spine of a patient, comprising:

inserting into said patient a single access device to a surgical location adjacent the spine with said access device in a first configuration having a first cross-sectional area at a distal portion thereof, said access device having a proximal portion pivotably attached to a distal portion;

actuating said access device to a second configuration having an enlarged cross-sectional area at said distal portion thereof, such that said distal portion provides access to two or more facet joints;

delivering a first fastener through the access device to the surgical location;

advancing said first fastener through a first vertebra and into a second vertebra through a first facet joint;

pivoting the proximal portion of said access device relative to the distal portion to change the angle of the access device to facilitate insertion of a second fastener;

delivering said second fastener through said access device to the surgical location; and

advancing said second fastener through said first vertebra and into said second vertebra through a second facet joint.

2. (Original) The method of Claim 1, wherein the access device is inserted via a generally posterior approach.

3. (Original) The method of Claim 1, wherein the access device is inserted via a postero-lateral approach.

4. (Previously Presented) The method of Claim 1, further comprising the introduction of a boring tool to the surgical location through the access device and advancing

said boring tool to create a first tunnel through the first and second vertebra at the first facet joint prior to delivering said first fastener.

5. (Previously Presented) The method of Claim 1, wherein the bone of the first facet joint is scored prior delivering the first fastener or boring through the bone.

6. (Original) The method of Claim 1, wherein the method of fixation is transfacet pedicle screw fixation.

7. (Original) The method of Claim 1, wherein the method of fixation is translaminar facet screw fixation.

8. (Canceled)

9. (Previously Presented) The method of Claim 4, further comprising prior to delivering said second fastener, introducing said boring tool through the access device and advancing said boring tool to create a second tunnel through the first and second vertebra at the second facet joint.

10-12. (Canceled)

13. (Previously Presented) The method of Claim 1, wherein said second facet joint is scored prior to delivering said second fastener or boring through the bone.

14. (Previously Presented) A method of treating a spine of a patient, comprising:

inserting a first access device into said patient to a surgical location adjacent the spine with said first access device positioned on a first side of spinous processes of first and second vertebrae, said first access device in a first configuration having a first cross-sectional area at a distal portion thereof, said first access device having a proximal portion pivotably attached to a distal portion;

actuating said first access device to a second configuration having an enlarged cross-sectional area at said distal portion thereof;

pivoting the proximal portion of said first access device relative to the distal portion to provide access to at least a first facet joint;

inserting a second access device into said patient to a second surgical location adjacent the spine with said second access device positioned on a second side of spinous processes of said first and second vertebrae, said second access device in a first configuration having a first cross-sectional area at a distal portion thereof, said second access device having a proximal portion pivotably attached to a distal portion;

actuating said second access device to a second configuration having an enlarged cross-sectional area at said distal portion thereof;

pivoting the proximal portion of said second access device relative to the distal portion to provide access to at least a second facet joint;

fastening a first fastener through the first vertebra and into the second vertebra through the first facet joint, said first fastener delivered through said first access device; and

fastening a second fastener through the first vertebra and into the second vertebra through the second facet joint, said second fastener delivered through said second access device, said first and second fasteners providing a transfacet fixation method substantially preventing movement of the first vertebra relative to the second vertebra.

15. (Previously Presented) The method of Claim 14, wherein the first and second access devices are inserted via a generally posterior approach.

16. (Previously Presented) The method of Claim 14, wherein the first and second access devices are inserted via a postero-lateral approach.

17-18. (Canceled)

19. (Previously presented) The method of Claim 1, wherein the proximal portion of said access device relative to the distal portion is pivoted between a longitudinal axis of the

access device and the plane that is generally perpendicular to the spine at an angle that is less than about 60 degrees.

20. (Previously presented) The method of Claim 1, wherein the proximal portion of said access device relative to the distal portion is pivoted between a longitudinal axis of the access device and the plane that is generally perpendicular to the spine at an angle that is in a range from about 10 degrees to about 45 degrees.

21. (Currently Amended) The method of Claim [[1]] 14, wherein the proximal portion of said first access device relative to the distal portion is pivoted between a longitudinal axis of the first access device and the plane that is generally perpendicular to the spine at an angle that is less than about 60 degrees.

22. (Currently Amended) The method of Claim [[1]] 14, wherein the proximal portion of said first access device relative to the distal portion is pivoted between a longitudinal axis of the first access device and the plane that is generally perpendicular to the spine at an angle that is in a range from about 10 degrees to about 45 degrees.

23. (Previously Presented) A method of fixing adjoining vertebrae of the spine of a patient, comprising:

inserting into said patient a single access device with said access device in a first configuration having a first cross-sectional area at a distal portion thereof, said access device having a proximal portion pivotably attached to a distal portion;

actuating said access device to a second configuration having an enlarged cross-sectional area at said distal portion thereof exposing a first surgical location adjacent the spine and a second surgical location adjacent the spine, wherein said access device is positioned such that a spinous process of at least a first vertebra is within or adjacent a working space defined by the distal end of the access device in the second configuration;

delivering a first fastener through the access device to the first surgical location at a first facet joint;

advancing said first fastener through a first vertebra and into a second vertebra at the first facet joint;

pivoting the proximal portion of the access device relative to the distal portion to provide access to a second facet joint;

delivering a second fastener to the second surgical location at the second facet joint through the access device; and

advancing the second fastener through the first vertebra and into the second vertebra at the second facet joint, said first and second fasteners substantially preventing movement of the first vertebra relative to the second vertebra.

24. (Previously Presented) The method of Claim 23, wherein the spinous process of the first vertebra is within the working space.

25. (Previously Presented) The method of Claim 23, wherein the spinous process of the second vertebra is within the working space.

26. (Previously Presented) The method of Claim 23, wherein the spinous process of a third vertebra is within the working space.

27. (Previously Presented) A method of performing a translaminar fixation of adjoining vertebrae of the spine of a patient, comprising:

inserting into said patient an access device having a medial side to a first surgical location on a first side of the spine, the access device having a first cross-sectional area at a distal portion thereof during insertion, the first access device having a proximal portion pivotably attached to the distal portion;

actuating said access device such that said distal portion has an enlarged cross-sectional area, wherein during said actuating said medial side of the access device moves toward the spinous process of a first vertebra;

pivoting the proximal portion of the access device relative to the distal portion to provide access along a line extending through the spinous process and through the facet joint on a second side of the spine;

delivering a first fastener through the access device to the surgical location; and

advancing said first fastener through the spinous process of the first vertebra and into a second vertebra through a first facet joint.

28-29. (Canceled)

30. (Previously presented) The method of Claim 23, wherein the spinous process of the first vertebra is accessible through a working space defined by the distal end of the access device in the second configuration.

31-32. (Canceled)

33. (Previously Presented) The method of claim 27, further comprising delivering a second fastener through the access device to the surgical location and advancing the second fastener through the spinous process of the first vertebra and into a second vertebra through a second facet joint.

34. (Previously Presented) The method of claim 33, wherein the second fastener is delivered and advanced through a second access device positioned on a second side of the spine.

35. (Previously Presented) The method of claim 14, wherein the proximal portion of said second access device relative to the distal portion is pivoted between a longitudinal axis of the second access device and the plane that is generally perpendicular to the spine at an angle that is less then about 60 degrees.

36. (Previously Presented) The method of claim 14, wherein the proximal portion of said second access device relative to the distal portion is pivoted between a longitudinal axis of the second access device and the plane that is generally perpendicular to the spine at an angle that is in a range from about 10 degrees to about 45 degrees.